

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California Form 801

For Official Use Only

California Department of Health Care Services

Division, Department, or Region (if applicable)

Systems of Care Division

Street Address

1501 Capitol Avenue

Area Code/Phone Number

(916) 440-7418

E-mail

brian.hansen@dhcs.ca.gov

Agency Contact (name and title)

Brian Hansen, Special Assistant to the Director

☒ Amendment (explain in comment section)

Date of Original Filing: 4/30/10
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Govn't Action and Communication Institute

Name

4535 Shady Oak Way

Fair Oaks

CA

95628

Address

City

State

Zip Code

GACI brings change in education, child development, human services, and health policy by educating policy makers

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Salt Lake City, Utah, USA

April 5-6, 2010	\$ 404.40	\$ 101.45	\$ 15.00	\$ 52.50	\$ 573.35
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The payment was used to send DHCS staff to the Transforming Health Care Coverage for Children and Families conference. The purpose of attending the conference was to explore existing options to advance health coverage for children and families through the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

Identify the officials for whom the payment was used:

Rico	Luis	Division Chief	Systems of Care Division
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>Brian L. Hansen</u>	<u>Brian L. Hansen</u>	<u>Special Assistant to</u>	<u>5/11/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Amended to include a description of the nature and use of the payment for official agency business.